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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service**Open to Public
Inspection**

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning , **2008**, and ending ,

B Check if applicable: ☐ Address change, ☐ Name change, ☐ Initial return, ☐ Termination, ☐ Amended return, ☐ Application pending. **Please use IRS label or print or type. See Specific Instructions.**

C Name of organization
MOUNTAIN-THINGVALLA FIRE PROTECTION DISTRICT
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 73
City or town, state or country, and ZIP + 4
MOUNTAIN ND 58262

D Employer identification number
54-2179906

E Telephone number
(701) 993-8340

F Group Exemption Number ▶

G Accounting method. ☒ Cash ☐ Accrual
Other (specify) ▶

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Organization type (check only one) — ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 216,348.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	49,965.
2 Program service revenue including government fees and contracts	2	2,615.
3 Membership dues and assessments	3	
4 Investment income	4	21.
5a Gross amount from sale of assets other than inventory	5a	
5b Less cost or other basis and sales expenses	5b	
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>		
6a Gross revenue (not including \$ of contributions reported on line 1)	6a	163,747.
6b Less direct expenses other than fundraising expenses	6b	141,902.
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	21,845.
7a Gross sales of inventory, less returns and allowances	7a	
7b Less cost of goods sold	7b	
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ▶)	8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	74,446.
10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	18.
14 Occupancy, rent, utilities, and maintenance	14	7,139.
15 Printing, publications, postage, and shipping	15	370.
16 Other expenses (describe ▶ See Other Expenses Statement)	16	48,114.
17 Total expenses (add lines 10 through 16)	17	55,641.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,805.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	14,795.
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	33,600.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	14,795.	33,600.
23 Land and buildings	0.	0.
24 Other assets (describe ▶)	0.	0.
25 Total assets	14,795.	33,600.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,795.	33,600.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **FIRE PROTECTION & SAFETY**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	WE PROVIDE FIRE PROTECTION AND SAFETY TO THE CITY OF MOUNTAIN AND THINGVALLA TOWNSHIP. WE SERVE APPROXIMATELY 200 PEOPLE. (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	48,114.
29	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	48,114.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
FARREN WOLD PO BOX MOUNTAIN ND 58262	FIRE CHIEF 5.00	0.	0.	
CHAD GUDMUNDSON 202 MAIN AVENUE MOUNTAIN ND 58262	DIRECTOR 2.00	0.	0.	
RON CARDINO 344 2ND AVENUE MOUNTAIN ND 58262	DIRECTOR/TREASURER 5.00	0.	0.	
JANA GUDMUNDSON 202 MAIN AVENUE MOUNTAIN ND 58262	DIRECTOR 2.00	0.	0.	
KEITH GUDMUNDON 324 2ND AVENUE MOUNTAIN ND 58262	DIRECTOR 2.00	0.	0.	
TOM MOORE 12774 86TH ST NE EDINBURG ND 58262	DIRECTOR 2.00	0.	0.	
JAMIE THORFINNSEN 102 MAIN AVENUE MOUNTAIN ND 58262	SEC/DIRECTOR 5.00	0.	0.	
JOSH HEUCHERT PO BOX MOUNTAIN ND 58262	GAMING DIR 2.00	0.	0.	
DARREN OLAFSON PO BOX MOUNTAIN ND 58262	GAMING DIR 2.00	0.	0.	
HUGH RALSTON 13328 86TH ST NE CRYSTAL ND 58222	GAMING DIR 2.00	0.	0.	
KIM HANNESSON PO BOX 135 MOUNTAIN ND 58262	GAMING DIR 2.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. See L-35 Stmt		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I 40b		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed North Dakota		

42a The books are in care of **MOUNTAIN FIRE PROTECTION** Telephone no. **(701) 993-8299**
 Located at **344 2ND AVENUE** **MOUNTAIN** **ND** ZIP + 4 **58262**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b**

If 'Yes,' enter the name of the foreign country **42c**

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c**

If 'Yes,' enter the name of the foreign country.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year **43**

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44**

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **45**

	Yes	No
44		X
45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>Chad Gudmundson / Director</u>		Date <u>10/15/10</u>
	Type or print name and title <u>Chad Gudmundson / Director</u>		
Paid Preparer's Use Only	Preparer's signature <u>Richard Mortenson</u>	Date <u>10/15/10</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Mortenson & Rygh</u>	EIN <u>20-1513919</u>	Preparer's Identifying Number (See instructions) <u>P00290595</u>
	<u>PO Box 33</u>	ND 58220	Phone no <u>(701) 265-8644</u>
	<u>Cavalier</u>		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)				15,914.	49,965.	65,879.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513				14,699.	21,845.	36,544.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.					2,615.	2,615.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5				30,613.	74,425.	105,038.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						105,038.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6				30,613.	74,425.	105,038.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				38.	21.	59.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				38.	21.	59.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				168.		168.
13 Total support. (add lns 9, 10c, 11, and 12)						105,265.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .	15	99.78 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .	17	0.06 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33-1/3 support tests — 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Other Income Part III, Line 12

Description: POLAR REFUND

2007: 168.

Department of the Treasury
Internal Revenue Service

Name of the organization

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Employer identification number

54-2179906

Part III Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

- ☐ Mail solicitations
- ☐ Email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations

- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

- ☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 GAMING (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	163,747.			163,747.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	163,747.			163,747.
DIRECT EXPENSES	4 Cash prizes	118,028.			118,028.
	5 Non-cash prizes	0.			0.
	6 Rent/facility costs	3,300.			3,300.
	7 Other direct expenses	20,574.			20,574.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				141,902.
	9 Net income summary. Combine lines 3 and 8 in column (d)				21,845.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
DIRECT EXPENSES	1 Gross revenue	63,094.	91,208.	9,445.	163,747.
	2 Cash prizes	40,654.	70,811.	6,563.	118,028.
	3 Non-cash prizes				
	4 Rent/facility costs	0.	3,300.	0.	3,300.
	5 Other direct expenses	7,921.	11,460.	1,193.	20,574.
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 95.00 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 95.00 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				141,902.
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				21,845.

9 Enter the state(s) in which the organization operates gaming activities: North Dakota

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a	X	
10a		X
11	X	
12		X

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** 0.00 %**b** An outside facility**13b** 100.00 %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:Name: ▶ DEBORAH REILLYAddress: ▶ PO BOX 103 MOUNTAIN, ND 58262**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a**

X

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If 'Yes,' enter name and address:

Name: ▶ _____

Address ▶ _____

16 Gaming manager informationName ▶ DEBORAH REILLYGaming manager compensation ▶ \$ 7,200.Description of services provided: ▶ MAKE BANK DEPOSITS, RECORDKEEPING, FILLING MACHINES, COUNTING MONEY☐

Director/officer

☒

Employee

☐

Independent contractor

17 Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a**

X

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 5,500.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

ADVERTISING	121.
MISCELLANEOUS	193.
DONATIONS	350.
GEAR & EQUIPMENT	43,382.
OFFICE SUPPLIES	38.
FUEL	2,056.
SUPPLIES	1,824.
TELEPHONE	150.
Total	48,114.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SYLVIA MOORE PO BOX 14 MOUNTAIN ND 58262 Foreign city _____ Foreign country _____	Title GAMING DIR Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SKIP KOTCHMAN RR CAVALIER ND 58220 Foreign city _____ Foreign country _____	Title GAMING DIR Hours/Week 2.00	0.	0.	

Schedule O (Form 990), Supplemental Information to Form 990

Schedule G (Form 990 or 990EZ), Part III, Line 17a (continued)

State Name	Amount
North Dakota	5,500.

Explanation Statement

Form/Line: Form 990-EZ, Part V

Line 35

Explanation of: Not Reporting Income on Form 990-T

GAMING INCOME WAS EARNED THROUGH A FUNDRAISING EFFORT TO RAISE FUNDS FOR THE MOUNTAIN FIRE DEPARTMENT.

Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (continued)

Schedule A (Form 990 or 990EZ) - Other Income (continued)

Description	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
POLAR REFUND				168.		168.
Total				<u>168.</u>		<u>168.</u>